

DENTAL BOARD OF CALIFORNIA

SUPPLEMENTAL COMPLAINT INFORMATION

PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND DATE OF VISIT TO ANY OTHER DENTISTS YOU HAVE SEEN SINCE BEING TREATED BY THE SUBJECT OF YOUR COMPLAINT.

1. _____

PHONE: () DATE: _____

2. _____

PHONE: () DATE: _____

3. _____

PHONE: () DATE: _____

4. _____

PHONE: () DATE: _____